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| <b>POLICY TITLE: DILIGENT SEARCH</b>  |  | <b>PAGE 1 OF 12</b>   |
| <b>CHAPTER:</b>   |  |   |
|  | <b>CHILD AND FAMILY SERVICES AGENCY</b><br><br><br><b>Approved by:</b> _____<br>Signature of Agency Director | <b>PROFESSIONAL STANDARDS</b><br><br><b>See Section VIII.</b> |
| <b>EFFECTIVE DATE:</b>  | <b>LATEST REVISION:</b><br>December 1, 2009  | <b>APPROVED BY LEGAL COUNSEL:</b><br>March 12, 2009           |

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| <b>I. AUTHORITY</b>      | Pursuant to D.C. Official Code § 4-1303.03(a-1)(6), (13) (Repl. 2008), the Director of Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including the federal Child Abuse Prevention and Treatment Act and its implementing regulations, provisions in Title 4 and 16 of the D.C. Official Code, and the modified final order and implementation plan in LaShawn A. v. Fenty.  |
| <b>II. APPLICABILITY</b> | All CFSA employees, contract personnel and contract agency personnel.  |
| <b>III. RATIONALE</b>    | It is the mission of CFSA to promote the safety, permanence and well-being of children, youth and families in the District of Columbia. CFSA recognizes that when a child or youth is removed from the family, the early involvement of parents, relatives and/or significant kin in permanency planning reduces the time that children and youth stay in foster care, helps children and youth achieve permanency sooner, and facilitates the placement of children and youth with their siblings. CFSA assumes the responsibility early in the case planning process for the timely location of those parents, relatives, or significant kin whose whereabouts or identity are unknown. Locating family members early in the case affords them the opportunity to actively participate in the case planning process.   |
| <b>IV. POLICY</b>        | <p>The purpose of this policy is to provide instructions to social work and Diligent Search staff regarding how to locate the missing parents, relatives and/or significant kin when conducting a diligent search on behalf of a child or youth that is removed from his or her home and placed in the custody of CFSA.</p> <p>Federal law requires CFSA to exercise due diligence to provide notice to the adult relatives of a child that is removed from the custody of their parent(s), within 30 days of the removal. In keeping with this mandate, it is the policy of CFSA to conduct a diligent search to attempt to identify and locate missing parent(s) to provide them with notice that their child is in the custody of CFSA, and to determine whether the missing parent is able to appropriately care for his or her child(ren). Exhaustive efforts are also made to locate birth fathers, relatives and significant kin whose whereabouts are unknown (including grandparents, godparents and/or adult siblings) to determine whether they can serve as a safe placement option for children placed in CFSA's custody. The assigned social worker and the Diligent Search Unit (DSU) investigator shall use reasonable and concerted efforts and shall exhaust all leads in attempting to locate the person(s) being sought.</p> |

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| <b>VII. PROCEDURES</b> | <b>Procedure A: When to Conduct a Diligent Search</b><br><br>A diligent search shall be conducted under the following circumstances in order to locate missing parents, relatives and/or significant kin: <ol style="list-style-type: none"> <li>1. When the Child Protective Services (CPS) worker is unable to locate the family during a CPS investigation.</li> <li>2. When a child is removed from his or her home and is placed in the care of the CFSA.</li> <li>3. At any time during the life of the case when the assigned social worker determines that it is in the child's best interest.</li> <li>4. When ordered by the Court.</li> <li>5. When the Agency seeks to provide notice to absentee parents in a custody or Family Court proceeding (such as in an adoption or guardianship proceeding, or when Termination of Parental Rights motions have been filed and are required to be served on the birth parent) <i>unless</i> the following situations apply: <ol style="list-style-type: none"> <li>a. The parent is deceased (certified by Death Certificate).</li> <li>b. The parent has signed a consent form to the adoption of the child.</li> <li>c. The parent has relinquished the child for adoption.</li> </ol> </li> </ol> |

## **Procedure B: Social Worker's Responsibilities When Conducting a Diligent Search**

The assigned social worker shall complete the following activities before making a diligent search referral to the DSU:

1. Conduct a thorough review of FACES and any relevant family case files to determine the identity and location of any relatives or significant kin that may serve as a possible resource for the child and/or the family.
2. Coordinate with the assigned Assistant Attorney General (AAG) when applicable to ensure that any relevant information that has developed in court proceedings is referenced.
3. Gather information from the child, when appropriate, and any known relatives or caregivers on the whereabouts of the child's parent(s), other relatives, friends, or any significant kin who may be a resource for the child or family. The worker shall attempt to obtain the full names, aliases, nick names, addresses, telephone numbers, and any other identifying information that may be helpful in locating the person being sought.
4. If the social worker has not located the person being sought through an interview with relatives, or other persons, he or she shall continue the search by conducting the following activities:
  - a. Check with the child's current and previous school to review the child's school records for the names and addresses of parents or caretakers.
  - b. Review social service and public assistance records for identification and last known addresses of the parent, relative, or significant kin (i.e., the Automated Client Eligibility Determination System [ACEDS] for the District of Columbia).
  - c. Conduct a search of the Safe Passages Information System (SPIS) to determine the missing person's potential involvement with other agencies and review identifying information held by those agencies.
  - d. Search the internet ([www.whitepages.com](http://www.whitepages.com)), the telephone directory, or obtain operator assistance to locate the missing person's address.
  - e. Contact the missing person's last known employer or landlord, when applicable.
  - f. Contact the D.C. Department of Corrections and D.C. Jail or conduct an internet search at both the websites for the federal Bureau of Prisons ([www.BOP.com](http://www.BOP.com)) and the National Victim Notification Network ([www.vinelink.com](http://www.vinelink.com)) to determine if the person being sought is incarcerated.

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|  | <ul style="list-style-type: none"> <li>g. Contact local shelters and hospitals to determine whether the person being sought is currently located in either a shelter or hospital.</li> <li>h. Contact the Office of Clinical Practice to determine if the child has had recent immunizations in the District of Columbia or has accessed medical services from the Children’s National Medical Center (CNMC).</li> </ul> <p>5. If the social worker has identified an address for the person being sought, he or she shall make a good faith effort to conduct an in-person visit to the identified address during <u>various</u> times of day in an effort to contact the missing person, unless it can be verified that the person no longer lives there (i.e., the leasing office confirms that the missing person does not reside at the identified address.)</p> <ul style="list-style-type: none"> <li>a. If a visit to the last known address indicates that the address is not current and there is no known forwarding or current address, the social worker shall send a certified letter, return receipt requested to that address; and</li> <li>b. Send an additional letter marked “Address Correction Requested – Do Not Forward” under the return address.</li> <li>c. The social worker may also check with the local post office to attempt to obtain a current address.</li> </ul> <p>6. If CPS worker is attempting to locate a missing family for the purposes of an investigation and the efforts to locate listed above do not yield results, the social worker shall complete and submit a CPS Alert Form and cover letter (Attachment B) to the CFSA deputy compact administrator/program manager of the Interstate Compact for the Placement of Children (ICPC) office to determine whether the family has relocated to another state.</p> <ul style="list-style-type: none"> <li>a. The ICPC deputy compact administrator/program manager shall forward the CPS Alert Form with the cover letter (Attachment B) to the ICPC offices in every state to request that each ICPC office contact CFSA with any relevant information regarding the family being sought.</li> <li>b. The CPS worker shall also forward a CPS Alert Form and cover letter (Attachment B) to the county ICPC offices surrounding the District. The forwarding information is located on the header of the CPS Alert Form and cover letter. (See Attachment B for more information).</li> </ul> <p>7. The social worker shall document all efforts to locate the person(s) being sought and enter the results of the search in FACES, including when, where and how attempts were made to identify and/or locate the missing person(s).</p> |
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|  | <p>8. The social worker shall continue to periodically conduct a diligent search until the person(s) being sought are found, until the child reaches permanency, or until all reasonable efforts have been exhausted.</p> <p>9. If the social worker is unable to locate the person being sought after completing steps 1 – 6 above, the social worker shall consult with his or her supervisor to determine whether the search is complete. A determination shall then be made by the supervisory social worker as to whether further action is required by the social worker, or whether the case should be referred to the DSU.</p> <p>10. If it is determined that the case should be referred to the DSU, the social worker shall complete a Diligent Search Locator Referral Form (See Attachment C), hereinafter Referral Form, and submit it to his or her supervisor for review and signature.</p> <p>11. Upon receipt of supervisory approval and signature, the social worker shall hand-deliver the Referral Form (Attachment C) to the DSU supervisor or fax it to him/her, at 202-727-8884. If the Referral Form is faxed, the social worker shall follow up to ensure the form has been received.</p>   |
|  | <p><b>Procedure C: DSU Requirements for Processing a Social Worker's Request for a Diligent Search</b></p> <p>Upon the receipt of a Referral Form (Attachment C), the DSU supervisor or designee shall review the referral and assign it to a DSU investigator within one (1) business day. Requests that are determined to be a high priority shall be responded to immediately.</p> <p>1. The DSU investigator shall conduct the following activities when initiating a diligent search investigation:</p> <ul style="list-style-type: none"> <li>a. Contact the referring social worker within one (1) business day to confirm receipt of the referral form, and review identifying information contained in the referral regarding the person to be sought.</li> <li>b. Conduct a FACES search and review the case file to obtain additional information, as needed.</li> <li>c. Review the Neglect Jacket at the D.C. Superior Court for possible leads, as needed.</li> </ul> <p>2. If the DSU investigator has knowledge of the missing person's name, he or she shall review the following databases to obtain the location of the person being sought:</p> <ul style="list-style-type: none"> <li>a. Automated Client Eligibility Determination System (ACEDS) for the District of Columbia</li> <li>b. Justice Information System For the District of Columbia (JUSTIS)</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>c. Federal Parent Locator System (FPLS)</li> <li>d. Washington Area Law Enforcement System (WALES)</li> <li>e. Zabasearch</li> <li>f. Accurint</li> <li>g. Reverse Phone Directory</li> <li>h. Vinelink (Victim Information and Notification Everyday)</li> <li>i. Federal Bureau of Prisons (BOP)</li> <li>j. Department of Motor Vehicles (in the applicable state)</li> <li>k. Safe Passages Information System (SPIS)</li> </ul> <p>3. At the request of the referring social worker, the DSU investigator shall contact, <u>via telephone</u>, persons identified through the database search (i.e., relatives, friends, landlord, or employer) to obtain additional information regarding the location of the person being sought.</p> <p><i>Note: When the social worker refers a case to the DSU, the DSU investigator is not required to attempt in-person contact with the missing individual. For Court-ordered diligent search requests, the DSU investigator is required to exhaust all leads to locate the missing person, including conducting <u>in-person interviews</u> with the relatives and associates. (See Procedure D below for more information regarding Court-ordered diligent search requests)</i></p> <p>4. If the DSU investigator is unable to locate the missing person through a database search, he or she shall contact local shelters and hospitals to determine whether the person being sought is currently located in these facilities.</p> <p>5. Upon completion of the diligent search investigation, the DSU investigator shall submit a Diligent Search Referral Investigation Report (Attachment D), hereinafter Investigation Report, summarizing the results of the search to the referring social worker within five (5) business days of receiving the referral. The Investigation Report shall identify all potential leads that may assist the social worker in locating the person being sought.</p> <p>6. The social worker shall follow up on any leads provided by the DSU investigator.</p> <p>7. If the social worker exhausts all leads provided by the DSU investigator, he or she shall consult with his or her supervisor to determine whether further action is required or whether the search is complete.</p> <p>8. If the supervisory social worker determines that further action is required, the social worker shall contact the DSU supervisor and request that another search be conducted.</p> <p><i>Note: The social worker shall submit one (1) Diligent Search Locator Referral Form per case.</i></p> |
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#### **Procedure D: DSU Requirements for Processing Court-Ordered Diligent Search Requests**

When a diligent search request is court-ordered, the DSU shall have the primary responsibility for conducting the diligent search. Court-ordered requests may involve “show cause” orders regarding pending adoption proceedings, termination of parental rights (TPR) proceedings, a summons and notice of motion of guardianship proceeding, permanency hearing orders, or a Judicial Summons requiring a party to appear in Court. Upon the receipt of a Court-ordered diligent search request, the following steps shall be completed:

1. The assigned social worker shall provide the DSU supervisor with the Court order within two (2) business days from the date the order was issued for immediate processing.
2. The DSU supervisor, or designee, shall review the Court order and assign a DSU investigator to the case within one (1) business day.
3. The DSU investigator shall conduct the following activities when initiating a diligent search investigation:
  - a. Contact the assigned social worker, petitioner’s attorney, parent’s attorney, Guardian Ad Litem (GAL), and the Assistant Attorney General (AAG), as needed, to obtain additional information regarding the location of the person being sought.
  - b. Conduct a FACES search and review the case file to obtain additional information, as needed.
  - c. Review the Neglect Jacket at the D.C. Superior Court for possible leads, as needed.
4. If the DSU investigator has knowledge of the missing person’s name, he or she shall review the conduct a database search to obtain the location of the person being sought. (See Procedure C(2) for a list of database searches)
5. The DSU investigator shall interview the relatives, friends and/or significant kin of the person being sought in order to obtain the following information:
  - a. Missing person’s full name.
  - b. Any known nicknames or aliases.
  - c. Missing persons contact information including current or last known address and telephone/cellular phone numbers.
  - d. Identifying information of the missing person including age, date of birth, place of birth, social security number.
  - e. Last known place of employment.

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|  | <ul style="list-style-type: none"> <li>f. The names and contact information of any of the missing person's relatives or friends, including their place of employment.</li> <li>g. The last time the person being sought was seen by friends, relatives, or by the child(ren).</li> <li>h. History of interaction between the missing person and child(ren), including whether the child(ren) lived with the missing person.</li> <li>i. Missing person's marriage history (when applicable).</li> <li>j. If the person being sought is the non-custodial parent, the investigator shall attempt to interview the custodial parent and other available resources (paternal and maternal grandparents, aunts, and uncles of the child(ren) involved) to obtain the following information: <ul style="list-style-type: none"> <li>i. Location and address of the other parent</li> <li>ii. If applicable, whether or not child support (formal or informal) is paid for the child(ren)</li> <li>iii. If applicable, whether the father's name is on birth certificate</li> <li>iv. If applicable, whether the father acknowledges paternity</li> <li>v. If applicable, a Biological Mother's Affidavit Concerning Paternity</li> </ul> </li> <li>k. If possible, the missing person's driver's license information, including the issuing state.</li> <li>l. Vehicle information.</li> <li>m. Proof of receipt of social security or any other public benefit (i.e., disability, medical or other public assistance).</li> <li>n. Any identifying marks (i.e., tattoo, scar, birth marks).</li> <li>o. Height, weight, complexion, hair style/color, facial hair, and any known handicaps, etc.</li> <li>p. Veteran or military status and if so, obtain the branch, rank, and the years of service.</li> <li>q. History of incarceration and if so, obtain the inmate identification number, the PDID (Police Department Identification) number, and the location of the prison/jail.</li> </ul> <p>6. If the missing person is still not found, the DSU investigator shall contact local shelters and hospitals to determine whether the person being sought is currently located in these facilities.</p> |
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|  | <p>7. The DSU investigator shall make an in-person visit to the missing person's last known address if there is reason to believe that the missing person may be there or reason to believe that information can be obtained from neighbors.</p> <ul style="list-style-type: none"> <li>a. If there are multiple persons involved, good faith efforts must be made to contact each person, including visits to last known address (unless it can be verified that the missing person(s) no longer lives there and there are no neighbors, friends, or relatives living nearby who can assist with additional information).</li> <li>b. In the event that that there is no answer at the door, the home appears abandoned, or the DSU investigator is informed that person being sought does not reside at the home, he or she shall conduct the following activities, when applicable: <ul style="list-style-type: none"> <li>i. Leave a written message at the home requesting that the person being sought contact the investigator, and send a certified letter requesting that the person being sought contact the investigator immediately.</li> <li>ii. Check with the apartment rental manager to verify the missing person's address.</li> <li>iii. Check with the neighbors to obtain more information.</li> <li>iv. Check the local post office and/or the local Department of Motor Vehicles to verify the missing person's current address.</li> </ul> </li> </ul> <p>8. If the missing person is incarcerated in a detention facility within a 100 mile radius of the Washington, DC Metropolitan area the DSU investigator shall:</p> <ul style="list-style-type: none"> <li>a. Call the detention facility and request a legal visit.</li> <li>b. Obtain travel documents/authorization for travel outside a 50-mile radius of the D.C. Metropolitan area.</li> <li>c. Coordinate the travel date and time with the DSU supervisor.</li> </ul> <p>9. If the missing person is incarcerated outside of the Washington, DC Metropolitan Area, the DSU investigator shall complete the following in order:</p> <ul style="list-style-type: none"> <li>a. Verify the exact location of the person being sought, and his/her inmate identification number.</li> <li>b. Obtain the address and telephone number of the local county sheriff's office, which serves the detention facility, and request their fee for service.</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>c. Complete a Demand Payment Form (Attachment E) to request a check for the fee, made payable to the local county sheriff or process server. The Demand Payment Form (Attachment E) shall include the case number and name of the child and person to be served.</li> <li>d. Prepare a letter requesting service from the appropriate sheriff's office.</li> <li>e. Send a packet to the appropriate sheriff's office via U.S. mail or UPS containing: the letter requesting service, the Court order(s), a Blank Affidavit of Service (Attachment G) to be completed by the process server, and the appropriate service fee.</li> </ul> <p>10. If the Court order requires the DSU investigator to locate but not necessarily serve the missing person, then the DSU investigator shall provide the Court with a signed and notarized statement of the efforts made to locate the missing person.</p> <p>11. If the Court order requires the DSU investigator to serve the missing person once he or she is located, the DSU investigator shall immediately serve the missing person by providing him or her with a copy of the Court order and any other supplemental orders, summons, or other additional documents which are attached to the summons.</p> <p>12. Once the DSU investigator serves the person being sought, he or she shall complete a Diligent Search Case Report (Attachment F) along with a notarized Affidavit of Service (Attachment H) within 24 hours and submit both to the DSU supervisor for review. The Affidavit of Service shall be filed with the Court only after supervisory approval.</p> <p>13. If the DSU investigator has exhausted all leads, or it becomes apparent that he or she will be unable to locate or serve the person being sought within the appropriate time-frame, the DSU investigator shall complete an Affidavit of Efforts (Attachment I) within 24 hours and file the Affidavit with the Court after supervisory review and approval. If this occurs:</p> <ul style="list-style-type: none"> <li>a. The DSU investigator shall include a statement in the Affidavit of Efforts (Attachment I) requesting the Court to grant a continuance to allow the Agency more time to locate the missing person, when appropriate.</li> <li>b. The search will be deemed complete only when the Court determines that sufficient, reasonable efforts have been made to locate the missing person.</li> <li>c. If the court finds that reasonable efforts to locate have been made, the DSU investigator shall submit a Diligent Search Case Report (Attachment F) to the DSU supervisor for review and case closure.</li> </ul> |
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|  | <p>14. The DSU investigator or designee shall file an affidavit with the Court only after supervisory review and within the following time frames:</p> <ul style="list-style-type: none"> <li>a. For adoption proceedings, the DSU investigator shall file an affidavit with the Court no later than five (5) business days from the date of the scheduled hearing (or within the time frame designated by the Court).</li> <li>b. For Guardianship proceedings, if the court date is listed on the Court order, the DSU investigator shall file an affidavit with the Court no later than five (5) business days from the hearing date. If there is no court date listed on the Court order, the investigator shall have 45 calendar days from the issuance of the Court order to file the affidavit with the Court.</li> <li>c. For all other proceedings, the Court shall designate the time frame by which to file the affidavit (based on the hearing date).</li> </ul> <p><i>Note: To determine the hearing date, the DSU investigator shall review the order of reference for adoption cases or the date located on the first page of the order for guardianship cases. If there is no court date, the DSU investigator shall contact the DSU supervisor. The DSU investigator shall also follow-up with the DSU supervisor if he or she is unaware of the filing date for affidavits.</i></p> <p>15. When completing an Affidavit of Service (Attachment H) or an Affidavit of Efforts (Attachment I) , the DSU investigator shall include the following information:</p> <ul style="list-style-type: none"> <li>a. Affidavit of Service: <ul style="list-style-type: none"> <li>i. Case name and Docket number</li> <li>ii. DSU investigator's name</li> <li>iii. Date and time of service</li> <li>iv. Location of service</li> <li>v. Type of documents served</li> <li>vi. How the parent was identified</li> </ul> </li> <li>b. Affidavit of Efforts: <ul style="list-style-type: none"> <li>i. Case name and docket number</li> <li>ii. DSU investigator's name</li> <li>iii. Chronological dates listing all possible efforts to locate the parent</li> <li>iv. Whether the parent was able or unable to be located</li> </ul> </li> </ul> <p>16. The DSU investigator shall document all investigative notes in an investigative file in a timely, clear, and organized manner. The DSU investigator shall also retain a copy of all documents, checks, and receipts in the case file.</p> |
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|  | <b>Procedure E: Confidentiality</b> |
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|  | <p>When making inquiries with relatives, neighbors or other individuals, confidential information regarding the investigation or parties involved may not be divulged. The individual conducting the diligent search shall identify him or herself as an Agency employee and may make inquiries regarding the whereabouts of the person being sought, but he or she shall not disclose any information regarding the circumstances or nature of the case, allegations or type of case, nor the parties involved in the case.</p> |
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## Definitions

For purposes of the diligent search requirements the following definitions apply:

1. **Diligent Search** — To identify, locate, and/or contact missing parents, relatives and/or significant kin to provide them with notice that their child is in the custody of the Child and Family Services Agency (CFSA); To identify, locate, and/or contact missing parents, relatives and/or significant kin to identify potential placement options for the child.
2. **Putative or Presumptive Father** - a male is presumed to be the father of a child if one or more of following is true:
  - a. He and the child's biological mother are or have been married to each other, even though the marriage is or could be declared invalid, and the child is born or conceived during such a marriage.
  - b. After the child's birth, he and the child's biological mother have married each other, even though the marriage is or could be declared invalid, and he is named, with his consent, as the child's father on the child's birth certificate.
  - c. He has willingly placed or consented to his name being place on the birth certificate.
  - d. He has legally adopted the child or has been determined by a court or by an administrative adjudication to be the child's father.
  - e. The biological mother has completed an Affidavit Concerning Paternity or has appeared in court and has identified a male to be the father.
  - f. The putative father voluntarily acknowledges paternity before the court and an order is entered adjudicating paternity.

The presumed father can rebut a presumption of paternity before a court of jurisdiction by requesting a DNA test to determine if he is the biological father of the child.

3. **Parent(s)** - The child's legal (either biological or adoptive) parents whose rights have not been terminated. Biological fathers are considered legal parents when paternity has been established as required by the definition of "father" above. It is imperative that social workers obtain information regarding fathers at the inception of the case. All possible fathers must be served regardless of whether there are any allegations against that father. Fathers have a right to receive notice of any pending cases and have the right to be considered as a caretaker.
4. **Relative** - A person related to the child by blood and/or marriage on both the maternal and paternal side of the child's family (i.e., great-grandparents, grandparents, uncles, aunts, adult cousins and adult siblings).
5. **Significant Kin** - Non-relative adults who have a significant relationship with a child in out-of-home placement (i.e., godparents or a close family friend as defined in D.C. Official Code § 4-1301.02(14)) (Repl. 2008).

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Child Protective Services Alert**

The Dept. of Health & Human Services  
805 Brightseat Road  
Landover, Maryland 20785

The Dept. of Health & Human Services  
1301 Piccard Drive  
Rockville, Maryland 20850

The Dept. of Health & Human Services  
P.O. Box 1010  
200 Kent Avenue  
LaPlata, Maryland 20646

Virginia Department of Social Services  
7 N. Eighth Street  
Richmond, VA 23219

NC Division of Social Services  
2401 Mail Service Center  
Raleigh, NC 27699-2401

Remaining 50 State ICPC Offices

RE: CPS Referral Number #

- ☐ Protective Services Alert Attached.
- Please Clear your agency's records (paper and automated systems)
  - Share this alert with your master file room personnel and create a tickler card in case the child(ren) or family comes to your agency's attention (e.g., public assistance, food stamps, child welfare services).
  - Distribute this alert to children's services agencies in your state.
- ☐ Cancel the Protective Services Alert submitted / /2009. We have located the child(ren).
- ☐ Comments:

Sincerely,

Camelia Pierre  
Administrator, Child Protection Services

**All States ICPC  
Protective Services Alert**

The Dept. of Health & Human Services  
805 Brightseat Road  
Landover, Maryland 20785  
Phone: (301) 909-2000  
Fax: (301) 909 -2200

The Dept. of Health & Human Services  
1301 Piccard Drive  
Rockville, Maryland 20850  
Phone: (240) 777-1245  
Fax: (240) 777-4258

The Dept. of Health & Human Services  
P.O. Box 1010  
200 Kent Avenue  
LaPlata, Maryland 20646  
Phone: (301) 392-6739  
Fax: (301) 934-2662

Virginia Department of Social Services  
7 N. Eighth Street  
Richmond, VA 23219  
Phone: (804) 726-7555  
Fax: (804) 726-7895

NC Division of Social Services  
2401 Mail Service Center  
Raleigh, NC 27699-2401  
Phone: (919) 733-3055  
Fax: (919) 334-1018

**From:** , Investigative Social Worker (202)

**Re:** (Mother)

**Referral Id#**

| Child(ren)'s Name(s)                | DOB        | SEX   | Race        | SSN        |
|-------------------------------------|------------|---|-------------|------------|
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
| <b>Parent/ Care Giver's Name(s)</b> | <b>DOB</b> | <b>SEX</b>  | <b>Race</b> | <b>SSN</b> |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |

**Reason For Alert:** CFSA received a hotline complaint regarding the possible abuse and or neglect of the above named children. Upon initiating the investigation of the allegation, CFSA has been unable to locate the above named family in the District of Columbia. After completing checks with State, Non-profit, Community Based Organizations (CBO) and private agencies, the family does not appear to reside in the District and is believed to have relocated to another jurisdiction. The allegation that brought this to the attention of the Agency involved .

**Relevant Child Family Information:**

**Requesting Jurisdiction Information:** If you have had or currently have contact with any of the family members listed above please notify:

District of Columbia Child and Family Services Agency  
Child Protection Administration

Hotline: 202-671-5683

Fenise Jackson Hotline Supervisor: Telephone: (202) 671-7233

FAX: (202)727-7706

Camelia Pierre, Administrator: Telephone: (202) 442- 6191

FAX: (202) 727-6824



## DILIGENT SEARCH LOCATOR REFERRAL FORM

THE REFERRING PARTY MUST PROVIDE AS MUCH IDENTIFYING INFORMATION AS POSSIBLE. PLEASE PROVIDE A DETAILED CASE SYNOPSIS ON THE LAST PAGE OF THIS FORM. PRIOR TO SUBMITTING THIS FORM, PLEASE ENSURE YOU HAVE CONDUCTED AN INTIAL SEARCH AS REQUIRED, AND PLACE A CHECK MARK NEXT TO THE SEARCHES PERFORMED.

- |   |   |
|---|---|
| <input type="checkbox"/> VISIT LAST KNOWN ADDRESSES FOR PARENTS   | <input type="checkbox"/> CHECK FACES              |
| <input type="checkbox"/> CALL OR VISIT CHILD'S SCHOOL             | <input type="checkbox"/> CHECK ACEDS              |
| <input type="checkbox"/> TALK WITH CLIENT'S RELATIVES             | <input type="checkbox"/> CHECK LOCAL HOSPITALS    |
| <input type="checkbox"/> TALK WITH NEIGHBORS                      | <input type="checkbox"/> CHECK MEN/WOMEN SHELTERS |
| <input type="checkbox"/> CONTACT LANDLORD                         | <input type="checkbox"/> CONTACT PAST EMPLOYER    |
| <input type="checkbox"/> PUBLIC INFORMATION SEARCHES VIA INTERNET |   |

---

PLEASE RETURN THIS FORM TO THE DILIGENT SEARCH UNIT, TO THE ATTENTION OF DERRICK RUSSELL, 400 6<sup>TH</sup> STREET, S.W., RM. 3008, WASHINGTON, D.C. 20024, TELEPHONE (202) 727-4688, FAX (202) 727-8884, email: [derrick.russell@dc.gov](mailto:derrick.russell@dc.gov).

Person Requesting Search: \_\_\_\_\_

|                         |            |             |
|-------------------------|------------|-------------|
| Name                    | Title      |             |
| _____                   | _____      |             |
| Phone                   | Department | Cubicle No. |
| _____                   | _____      | _____       |
| Social Worker Signature | Date       |             |
| _____                   | _____      |             |

Supervisor: \_\_\_\_\_

|                         |            |       |
|-------------------------|------------|-------|
| Name                    | Department | Phone |
| _____                   | _____      | _____ |
| Social Worker Signature | Date       |       |
| _____                   | _____      |       |

|                              |  |  |                                       |   |
|------------------------------|--|--|---------------------------------------|---|
| SEARCH FOR<br>(Please Check) | <input type="checkbox"/> Birth Mother    | <input type="checkbox"/> Birth /Putative<br>Father | <input type="checkbox"/> Child        | <input type="checkbox"/> Other Relative:<br>_____ |
| Reason for Search            | <input type="checkbox"/> Adoption        | <input type="checkbox"/> TPR                       | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Family Finding           |
|                              | <input type="checkbox"/> Other:<br>_____ |  |                                       |   |

## CASE INFORMATION

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

FACES ID \_\_\_\_\_ Referral No. \_\_\_\_\_

## MISSING PERSON'S INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Relationship to the Child: \_\_\_\_\_

Known Aliases \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Last Known Address \_\_\_\_\_  
Street City State Zip

Assigned Attorney \_\_\_\_\_  
Name Phone Number

## PHYSICAL DESCRIPTION OF MISSING PERSON

Race (please check one) ☐ White ☐ Black ☐ Asian ☐ Pacific ☐ Native ☐ Other: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Distinguishing Features: (e.g., scars, tattoos, etc.) \_\_\_\_\_

Physical Afflictions, etc. \_\_\_\_\_

## SOCIAL WORKER'S MODE OF LAST CONTACT WITH MISSING PERSON:

- ☐ Phone (Please specify telephone number) \_\_\_\_\_  
☐ Address (Please specify address) \_\_\_\_\_

## SOCIAL WORKER'S DATE OF LAST CONTACT WITH MISSING PERSON:

\_\_\_\_\_  
Month Day Year

Have you asked the attorney to share identifying information on his/her client? ☐ Yes ☐ No

Does the missing person have a criminal record? ☐ Yes ☐ No

Was the person in the U.S. Armed Forces? ☐ Yes ☐ No

If Yes, Which Branch? ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard Date Active: \_\_\_\_\_

Does the missing person have previous work history? ☐ Yes ☐ No

Year Last Employed \_\_\_\_\_ Name of Employer \_\_\_\_\_ City/State \_\_\_\_\_

### **COLLATERAL INFORMATION**

Note: If the missing person is a father, then the social worker must include information on the mother, and vice versa. If the missing person is the mother or the father, please indicate so below. It is not necessary to repeat information previously entered above.

### **MOTHER'S INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Known Aliases \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Last Known Address \_\_\_\_\_  
Street City State Zip

Assigned Attorney \_\_\_\_\_  
Name Phone Number

### **PHYSICAL DESCRIPTION**

Race (please check one) ☐ White ☐ Black ☐ Asian ☐ Pacific ☐ Native ☐ Other: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Distinguishing Features: (e.g., scars, tattoos, etc.) \_\_\_\_\_

Physical Afflictions, etc. \_\_\_\_\_

### **FATHER'S INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Known Aliases \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Last Known Address \_\_\_\_\_  
Street City State Zip

Assigned Attorney \_\_\_\_\_  
Name Phone Number

## PHYSICAL DESCRIPTION

Race (please check one) ☐ White ☐ Black ☐ Asian ☐ Pacific ☐ Native ☐ Other: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Distinguishing Features: (e.g., scars, tattoos, etc.) \_\_\_\_\_

Physical Afflictions, etc. \_\_\_\_\_

## OTHERS WHO MAY HAVE KNOWLEDGE OF THE MISSING PERSON

Note: If relative, specify the degree and type of kinship, e.g., maternal cousin, paternal uncle. Give name, telephone, and address.

Name: \_\_\_\_\_  
Last First Middle

Relationship to the missing person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

Date of Last Contact: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
Last First Middle

Relationship to the missing person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

Date of Last Contact: \_\_\_\_\_  
Month Day Year

### **CASE SYNOPSIS**

Note: Please provide a detailed narrative regarding the case history and circumstances that required this diligent search referral.

## **DILIGENT SEARCH REFERRAL INVESTIGATION REPORT**

**IN THE MATTER OF:**

**DOCKET NO.**

**SOCIAL FILE NO.**

**REQUESTING SOCIAL WORKER:**

**DSU INVESTIGATOR:**

**INVESTIGATION RESULTS:**

**Diligent Search Recommendation:** This investigator also recommends that the assigned social worker conduct the following steps:

- |  |   |
|--|---|
| <input type="checkbox"/> CALL OR VISIT CHILD'S SCHOOL<br>(Obtain current address or emergency contact)                     | <input type="checkbox"/> SEND CERTIFIED LETTERS TO LAST KNOWN ADDRESS<br>(Send letters to individuals at the address provided in this report indicating reason for contact) |
| <input type="checkbox"/> VISIT LAST KNOWN ADDRESSES FOR PARENTS<br>(Visit address provided in this report)                 |   |
| <input type="checkbox"/> TALK WITH CLIENT'S RELATIVES  | <input type="checkbox"/> CHECK WOMEN'S SHELTER  |
| <input type="checkbox"/> CONTACT LANDLORD<br>(Contact landlord for your client's contact info. and any forwarding address) | <input type="checkbox"/> CHECK MEN'S SHELTERS   |
| <input type="checkbox"/> TALK WITH NEIGHBORS<br>(Ask if they have seen or know the whereabouts of your client)             | <input type="checkbox"/> CHECK LOCAL HOSPITALS  |
| <input type="checkbox"/> CONTACT PAST EMPLOYMENT   | <input type="checkbox"/> CHECK FACES (Check updated info in this system)  |
|  | <input type="checkbox"/> CHECK ACEDS (Get a full report, i.e., benefits, case worker, mailing address, phone numbers)   |

## DEMAND PAYMENT FORM

**THIS FORM SHOULD BE USED FOR ALL DEMAND PAYMENTS**

**FOR FOA USE ONLY:**

**Payment ID No.**

**Date:** \_\_\_\_\_

**Total Amount** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Requestor Phone Number:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Provider Id No.:** \_\_\_\_\_

**For NEW providers the following information must be provided for entry into FACES:**

**Address:** \_\_\_\_\_

**Tax Id No:** \_\_\_\_\_

**For the following clients: (attach additional sheet if necessary)**

**Provider Phone No:** \_\_\_\_\_

| <b>Name:</b> | <b>Client Id:</b> | <b>Date of Service:</b> | <b>Amount:</b> |
|--------------|-------------------|-------------------------|----------------|
| _____        | _____             | _____                   | _____          |
| _____        | _____             | _____                   | _____          |
| _____        | _____             | _____                   | _____          |
| _____        | _____             | _____                   | _____          |

**Brief Justification: (Attach memorandum and/or attach receipts if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval:** \_\_\_\_\_ **Supervisor/\*Program Manager or Designee** \_\_\_\_\_ **Date**

**\*A program manager or designee must approve all requests in excess of \$300.**

You may enter the payment request into the FACES system; however, this form must be received in the Accounting office before the payment will be approved.  
Check will be generated within 5-7 days after approval in FACES.

Revised 3/19/01

## DILIGENT SEARCH CASE REPORT

| DATE OF ASSIGNMENT  | DUE DATE    | INVESTIGATOR:  | CASE NUMBER: |
|---|-------------|--|--------------|
| <b>TYPE OF CASE:</b><br><input type="checkbox"/> ADOPTION <input type="checkbox"/> GUARDIANSHIP<br><input type="checkbox"/> REFERRAL <input type="checkbox"/> CUSTODY ORDER   |             | <b>PERSONS TO LOCATE:</b><br><input type="checkbox"/> LOCATE MOTHER <input type="checkbox"/> LOCATE FATHER<br><input type="checkbox"/> LOCATE CHILD <input type="checkbox"/> OTHER |              |
| PARENTS INFORMATION   |             |  |              |
| (Mother)  | Home Phone: | (Father)   | Home Phone:  |
| Name:   |             | Name:  |              |
| Address:  | Cell-Phone: | Address:   | Cell-Phone:  |
| Social Security Number:   | DOB:        | Social Security Number:  | DOB:         |
| CASE STATUS   |             |  |              |
| <input type="checkbox"/> LOCATED MOTHER<br><br><input type="checkbox"/> LOCATED FATHER<br><br><input type="checkbox"/> AVOIDING SERVICE<br><br><input type="checkbox"/> LOCATED CHILD<br><br><input type="checkbox"/> UNABLE TO LOCATE MOTHER<br><br><input type="checkbox"/> UNABLE TO LOCATE FATHER |             | <input type="checkbox"/> CASE CLOSED (SERVED/LOCATED)<br><br><input type="checkbox"/> CASE CLOSED (CONSTRUCTIVE SERVICE BY POSTING)<br><br><input type="checkbox"/> CASE DISMISSED |              |
| UPDATED INFORMATION ON PARENTS  |             |  |              |
|   |             |  |              |



## DILIGENT SEARCH CASE REPORT

| CHILDREN                |            |     |                           |       |
|-------------------------|------------|-----|---------------------------|-------|
| LAST NAME               | FIRST NAME | SEX | DOB                       | NOTES |
| 1.                      |            |     |                           |       |
| 2.                      |            |     |                           |       |
| 3.                      |            |     |                           |       |
| 4.                      |            |     |                           |       |
| 5.                      |            |     |                           |       |
| 6.                      |            |     |                           |       |
| 7.                      |            |     |                           |       |
| 8.                      |            |     |                           |       |
| SUPERVISOR'S NOTES      |            |     |                           |       |
|                         |            |     |                           |       |
| SUPERVISOR'S SIGNATURE: |            |     | INVESTIGATOR'S SIGNATURE: |       |

# DILIGENT SEARCH CASE REPORT

## INVESTIGATIVE'S NOTES

**INVESTIGATOR'S SIGNATURE:**

**DATE:**

**SUPERVISOR'S SIGNATURE:**

**IN THE MATTER OF:**

**DOCKET NO:**

**SOCIAL FILE NO:**

**AFFIDAVIT OF SERVICE**

I, \_\_\_\_\_, being first duly sworn under oath, depose and say:  
(Server's Name)

1. I am a/an \_\_\_\_\_, for the \_\_\_\_\_, \_\_\_\_\_  
(Your title) (Name of place of employment) (Address of place of  
employment) I am at least 18 years of age.

2. On \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I personally served Mr./Ms.  
(Date) (time) (select one) (select one)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
(Missing person's name) ( soc. sec #) (DOB) (Address  
where served) with the following documents:

A. Copy of Summons and Notice of Motion for Guardianship to Parent

B. Copy of Motion for Permanent Guardianship

\_\_\_\_\_  
(Server's Name/Badge Number)

\_\_\_\_\_  
(Title)

SUBSRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_.

**IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

**IN THE MATTER OF:**

**DOCKET NO:**

**SOCIAL FILE NO:**

**AFFIDAVIT OF**

(Server's Name)

**AFFIDAVIT OF SERVICE FOR**

(Missing person's name)

I, \_\_\_\_\_, being first duly sworn under oath, depose and say:  
(Server's Name)

1. I am an Investigator in the Diligent Search Unit (DSU), Child & Family Services Agency, 400 6<sup>th</sup> Street, SW., Washington, D.C. 20024. I am over 18 years of age.

2. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I personally  
(day) (Month) (Year) (Time) (select one)  
served: \_\_\_\_\_,  
(Name of person served) (Missing Person's Soc Sec #) (Missing Person's DOB)  
at \_\_\_\_\_ with the following  
(Address/location where missing person is served)  
documents:

A. Copy of the

B. Copy of the

\_\_\_\_\_  
(Server's Name/Badge Number)

\_\_\_\_\_  
(Title)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_.

**IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

**IN THE MATTER OF:**

**DOCKET NO:**

**SOCIAL FILE NO:**

**AFFIDAVIT OF**

(Investigator's Name)

**AFFIDAVIT OF EFFORTS FOR**

(Missing person's name)

I, \_\_\_\_\_, being first duly sworn under oath, depose and say:  
(Investigator's name)

1. I am an Investigator in the Diligent Search Unit (DSU), Child & Family Services Agency, 400 6<sup>th</sup> Street, SW., Washington, D.C. 20024. I am over 18 years of age.

2. On \_\_\_\_\_, I received copies of the \_\_\_\_\_  
(Type of Order)  
Order to appear in Court from Judge \_\_\_\_\_, requesting the appearance of  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, to  
(Missing person's name and relationship to child) (Missing Person DOB) (Missing Person's Soc Sec #)  
appear before Magistrate Judge \_\_\_\_\_, on \_\_\_\_\_, at  
(Date)  
\_\_\_\_\_ am/pm in courtroom \_\_\_\_\_, in D.C. Superior court,  
(Time) (select one)  
500 Indiana Avenue, NW, Washington, D.C. 20001.

3. On \_\_\_\_\_,  
(Date of activity)

4. On \_\_\_\_\_,  
(Date of activity)

5. On \_\_\_\_\_,  
(Date of activity)

6. On \_\_\_\_\_,  
(Date of activity)

**Note: This affidavit is being prepared to inform the courts of the diligent efforts of trying to locate**

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_. **I have been unsuccessful at**  
(Missing Person's Name) (relationship to child) (name of child)

**this time to serve** \_\_\_\_\_, **because he/she ....** ( Include any other relevant information  
(Missing Person's Name) (select one)

about person the person being sought as well as additional efforts that will be made to identify/locate/serve missing person(s)

\_\_\_\_\_  
(Server Name/Badge Number)

\_\_\_\_\_  
(Investigator, DSU)

SUBSRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public)

My commission expires\_\_\_\_\_.